# SHARING TIME WITH MISFITS: WE-EXPERIENCE ACROSS BODILY DIFFERENCE

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Sharing time with others is one way, perhaps a foundational one, that we connect with others. Sharing time can underlie "we-experiences" whereby we feel ourselves to be part of a collective or group. Similarly, sharing time can give us a feeling of belonging—we can feel we have a place among others. It likewise can engender "pro-social" feelings towards others and encourage us to endure hardship for their sake. On the other hand, being "out of sync" with others gives us a sense of disconnection, exclusion, and "otherness." It can make us feel shame or abjection. We can feel that we are different and incompatible with others if we cannot find a way to share time with them.

Some have been inclined to explain such social asynchrony as a direct consequence of bodily difference. This is especially true in when it comes to disability. Disability has long been "fetishized" in ableist paradigms, which means that the bodily difference of disability is treated as an object independently of the social conditions that created it (Bakan 2019, 244). Those with bodily differences can be denied the possibility of sharing time due to being ostensibly "too different," despite the real possibility of doing so. When we understand Maurice Merleau-Ponty's body schematic temporality as a source of shared time, we can appreciate how bodily difference alone is not sufficient to generate allotemporality—the feature of being produced as temporally "other" despite having the capacity for sharing time. In this paper, I illustrate the concept of sharing time across bodily difference using Merleau-Ponty's (1962) concept of body schematic temporality from the *Phenomenology of Perception* in two contexts: becoming ill and playing music.

## I. ALLOTEMPORALITY: BEING PRODUCED AS TEMPORALLY OTHER

For scholars such as Alfred Schütz (2006) and Johannes Fabian (2014), sharing time is not only a key source of collective experience but is also an enabling condition for important

dimensions of intersubjectivity, such as communication.[1] For both, however, sharing time is an *achievement* rather than an abiding condition that can be assumed to obtain: we are not necessarily sharing time simply in virtue of occupying the same room, for example, or attending the same (online) event, or having the same type of body. Schütz introduces the "tuning-in relationship" to articulate how we move from being merely co-located to sharing time, a condition Fabian refers to using the term "coevalness": "the participants involved are coeval, i.e., share the same Time" (2014, 31). Rather than emphasizing the conditions under which we become coeval, Fabian, unlike Schütz, focuses on situations in which such shared time is refused or denied. For Fabian, the denial of coevalness is the central mechanism by which anthropologists "other" their subjects: "anthropology has been constructing its object—the Other—by employing various devices of temporal distancing, negating the coeval existence of the object and subject of its discourse" (50). Fabian designates the "othering" occasioned by the denial of coevalness "allotemporality" (32).

Allotemporality—the quality of being denied coevalness—finds expression as one of the forces constitutive of disability in the view presented by Susan Wendell (2013) in *The Rejected Body*. For Wendell, the denial of coevalness is not only or primarily enacted discursively (as it seems to be for Fabian [2014]), but is instead an outcome of the *speed* of dominant society:

> When the pace of life in a society increases, there is a tendency for more people to become disabled, not only because of physically damaging consequences of efforts to go faster, but also because fewer people can meet expectations of "normal" performance: the physical (and mental) limitations of those who cannot meet the new pace become conspicuous and disabling, even though the same limitations were inconspicuous and irrelevant to full participation in the slower-paced society. (2013, 59)

For Wendell, we find one source of disability itself defined in the very inability to "meet the pace" of dominant society.[2] Wendell's view of disability not as a necessary consequence of "impairment"[3] or bodily difference but as a state of incapacity relative to specific social conditions (speed) is one that de-fetishizes disability and foregrounds the question of shared time and its denial as a key determinant of intersubjective social life. On Wendell's account, however, a tuning-in relationship between "normates"[4] and disabled folk whereby

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[1] "We-experience" refers to experience understood as occurring in a group or collective and has been theorized by philosophers such as Michael Bratman (2014) and Margaret Gilbert (1990) as a type of shared agential structure. In Schütz's view, however, the we-experience that results from sharing time should not be reduced to shared agency but is rather understood to be a wider form of co-experiencing. See Rachel Elliott (2022).

[2] We find a similar view in Moya Bailey's "Ethics of Pace" (2021, 285).

[3] The physical dimension of disability has often been distinguished from its "social" or enactive dimension using the vocabulary of "impairment" and "disability," respectively. In Lennard J. Davis's formulation: "An impairment involves a loss or diminution of sight, hearing, mobility, mental ability, and so on. But an impairment only becomes a disability when the ambient society creates environments with barriers—affective, sensory, cognitive, or architectural" (2002, 41).

[4] See Rosemarie Garland-Thomson (2011, 592–95).

coevalness would become possible seems foreclosed, considered strictly in terms of the one source of disability addressed here, although the possibility of an intersubjective "crip time" is left open (this possibility is explored below).[5] While I would want to accept this part of Wendell's (2013) account of disability insofar as it highlights the disabling effects of denied coevalness, I would want to also affirm the possibility of sharing time between disabled folks and normates such that we-experiences and belonging would be possible across difference.

## II. SHARING TIME: MERLEAU-PONTY'S BODY-SCHEMATIC TEMPORALITY VIS-À-VIS "CRIP TIME"

As I (Elliott 2022) have argued elsewhere, sharing time across bodily difference can be achieved by sharing the time of what Merleau-Ponty calls the "body schema." Body schemas are one of the quasi-transcendental structures of consciousness described by Merleau-Ponty (1962) in the *Phenomenology of Perception*, and they possess an endemic temporality.[6] The pattern of movements and perspectives that comprise a body schema necessarily imply a temporality insofar as they entail a sequence and a pacing. A further feature of body schemas that Merleau-Ponty emphasizes is their ability to be shared: the body schema can be shared or "transferred" (1971, 117–18). Among other things, this insight can be used to helpfully re-interpret the concept of the tuning-in relationship developed by Schütz as well as Fabian's (2014) concept of coevalness. In this section, I will lay out what it means to share time through sharing a body schema. Following this explanation, I will lay out how sharing a body schema across bodily difference can help us conceptualize we-experience across bodily difference using the examples of interpersonal relationships during illness, on the one hand, and playing music, on the other.

The body schema is an acquired *a priori* intentional structure described by Shaun Gallagher as a "system of processes that constantly regulate posture and movement—a system of motor-sensory capacities that function below the threshold of awareness" (2005, 24). It is not an image I hold of my body's position but rather a dynamic template through which my body comes to coordinate itself such that the world becomes perceptible to me. In Merleau-Ponty's words, it is "neither the mere copy nor even the global awareness of the existing parts of the body" but is rather "active integration of these latter only in proportion to their value to the organism's projects" (1962, 100). A body schema emerges between my body and the world as my body calibrates itself to resolve instances of perceptual indeterminacy. We adopt a body schema to resolve or explore perceptual demands in an organic way through our being-in-the-world.

Body schemas possess a temporality that Merleau-Ponty describes as a "network of

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[5] "These moments out of time, out of productive, forward leaning, exciting time, can become moments of disability culture politics," writes Petra Kuppers (2014, 29).

[6] The phrase "quasi-transcendental" used in this way derives from Lisa Guenther (2019, 12).

intentionalities" (1962, 417). In other words, what I now perceive or enact is continuous with what I will perceive or enact next by the through line that is the body schema's hold on both (as well as the recent past). Merleau-Ponty explains this notion with reference to Edmund Husserl's vocabulary for describing time-consciousness:

> Husserl uses the terms protentions and retentions for the intentionalities which anchor me to an environment. They do not run from a central I, but from my perceptual field itself, so to speak, which draws along in its wake its own horizon of retentions, and bites into the future with its protentions. (1962, 416)

If the intentionalities that anchor me to an environment are, for Merleau-Ponty, precisely what Husserl called "retentions" and "protentions," then for Merleau-Ponty, such retentions and protentions are species of the body schema, since it is for him the body schema which anchors us to our environment.[7] This is to say that there is a way in which a body schema is shot through with a temporality: a sequence of movements according to which a situation formerly indeterminate unfolds perceptually. If this is so, then through sharing a body schema we arrive at a way of sharing time across bodily differences, insofar as different bodies can nevertheless share a single body schema.[8] In other words, if we appreciate the way we can share time through sharing a body schema, we can see how insisting on bodily sameness as a precondition for sharing time is an instance of coevalness denied.

Merleau-Ponty (1971) best articulates the shareable feature of the body schema in his lectures on "The Child's Relations with Others." There, he outlines how the "'postural,' or 'corporeal schema'" of another person speaks "directly to my own motility" as "themes of possible activity for my own body" (117). That is, I can grasp a general pattern in the gestures of another person that inspire me to enact that same pattern—or one compatible with it—relative to a perceptual task. When I do this, we are sharing the same body schema and concomitantly sharing the temporality endemic to it. This is not to say that unshared temporal dimensions, such as habit or affect, do not *also* exist between participants. However, to the extent that a body schema is shared, there is at least one arc of intentionality that is in common.

The notion that sharing a body schema can offer a route to shared time and we-experiences that does not presume bodily sameness would help overcome an acknowledged problem in Schütz's original conceptualization of the tuning-in relationship. Gail Weiss has highlighted that Schütz's tuning-in relationship *is* premised on bodily sameness (2011, 172). This assumption is one that we will re-encounter again below in my discussion of illness. Weiss articulates her critique of Schütz in the following way:

> Although Schütz doesn't say this explicitly, his implication is that because human bodies share basic physiological similarities despite their manifest

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[7] For more on the notion of body-schematic anchoring in Merleau-Ponty, see Elliott (2023).

[8] In Elliott (2022), I argue that it is above all body schemas that possess the features of flexibility, emergence, and bi-directionality that can be shared across bodily difference.

> differences of age, sex, skin, hair, eye color, height, weight, and so on, there will be corresponding structural similarities in our temporal experiences. However, recent work by disability theorists has challenged even this rudimentary assumption. (Weiss 2011, 172)

Weiss raises a "question of incommensurable durées" between "normates" and those with disabilities who are not "able to draw upon the same basic motor capacities" (172–73). The notion that folks with disabilities inhabit a temporality that is incongruous with that of normates is one we can recall from Wendell's (2013) definition of disability as allotemporality (or coevalness denied). A similar idea has gained currency in disability circles through the use of the notion of "crip time." As Ellen Samuels writes in "Six Ways of Looking at Crip Time":

> When disabled folks talk about crip time, sometimes we just mean that we're late all the time—maybe because we need more sleep than nondisabled people, maybe because the accessible gate in the train station was locked. But other times, when we talk about crip time, we mean something more beautiful and forgiving. We mean, as my friend Margaret Price explains, we live our lives with a "flexible approach to normative time frames" like work schedules, deadlines, or even just waking and sleeping. My friend Alison Kafer says that "rather than bend disabled bodies and minds to meet the clock, crip time bends the clock to meet disabled bodies and minds." I have embraced this beautiful notion for many years, living within the embrace of a crip time that lets me define my own "normal." (2017)

I quote this passage at length to give voice to the two senses of crip time it encapsulates. Samuels expresses crip time as, on the one hand, an incommensurability with normate schemas and, on the other, a vision of "stretching" (to anticipate Tucker et al.'s [2016] vocabulary below) or "bending," which does not imply such an incommensurability.

It is this second version of crip time that I want to explore as a means by which sharing time across bodily difference might be achieved. I want to articulate such a "bending" via a certain view of what is entailed in sharing a body schema. As I (2022) have laid out more fully elsewhere, body schemas can possess different degrees of flexibility and rigidity— some *can* exhibit a "stretching" or "bending" which allow them to be enacted across bodily difference; other schemas, however, are too rigid to permit this. Other features that are relevant to whether schemas can be shared include how they are generated (pre-fabricated/ top-down vs. co-created/emergent) and their relationship to those assuming them. I can join your body schema (uni-directional) or we can create one together that is new to both of us (bi-directional). If we engage with others using body schemas that are flexible, emergent, and bi-directionally assumed, then there is no requirement for "bodies-at-this-moment"[9]

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[9] In *Phenomenology of Perception*, Merleau-Ponty writes "our body comprises as it were two distinct layers, that of the habit-body and that of the body at this moment" (1962, 82). The body-at-this-moment could be understood as the limbs, organs, appendages, and prostheses which are organized by a body schema

to be the same for them to share a body schema. It is possible to share this kind of a body schema between folks across bodily difference.[10] In so doing, we might partake in the unfolding of a shared temporality that opens onto we-experiences of enhanced belonging. Understanding we-experiences as shared temporality across bodily difference can help us see how interpersonal relationships can withstand changes in bodily capacity. In the next section, I want to show how changes in embodiment that result from the onset of illness need not lead to the loss of shared meaning posited by Havi Carel (2015) who ties shared meaning to bodily sameness.

### III. EMPATHY AND BODILY DIFFERENCE

The breakdown of existing interpersonal relationships in the face of bodily difference has been explored by philosophers of illness like Carel (2015). Carel discusses a refusal of empathy in the face of bodily difference. What I hope to show here is that we-experiences can still be achieved in illness through the tuning-in possibilities afforded by sharing a body schema across bodily difference.

Carel argues that in illness our bodies can become "alien to others" resulting in a "lost bodily empathy" (173). Here we see the presumption of bodily sameness as a pre-condition to social recognition, or empathy. Empathy is a much-studied concept in phenomenology, philosophy of mind, and enactive cognitive science, and it goes beyond the scope of this paper to present a fully fleshed out argument that empathy can be understood as shared time. Here, I hope to make the more modest claim that, even if empathy is compromised across bodily difference (which I do not believe it must be, an intuition I cannot explore here), there is nevertheless a form of we-experience possible through shared time.

"Empathy depends," Carel writes, "on intercorporeality because fundamentally, I perceive others as bodies that are similar to mine in that they, too, sense, perceive, etc., and I am perceived by others as a body that is similar to theirs" (178). The idea that empathy depends on bodily sameness is not new. However, many of us exist in a state of bodily difference and are nevertheless seeking to connect with others. Our loved ones remain our loved ones even as they pass in and out of illness or disability. Carel appears pessimistic about the possibility of empathy across bodily difference, writing about someone recently fallen ill, "the radical difference between her embodied being and that of others undermines the foundational power of empathy and will require deliberate and forceful effort to overcome" (2015, 180). However, we could look to Merleau-Ponty's (1962) account of

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for a specific perceptual task. I understand the body schema to be a less entrenched or sedimented version of the habit body mentioned as the other term in this quotation.

[10] The bi-directionality of body-schematic assumption refers to whether the schema was generated by the individual using it or by someone else, and in this sense, it cannot be multi-directional even if generated by several people. A body schema generated in a group would be bi-directional because it would be created by the one using it, on the one hand, and by others, on the other: the number of others involved would not alter the bi-directional nature of the body schema on this view.

the body schema as offering a means of achieving we-experience across bodily difference, leaving aside the question whether Carel is correct that empathy requires bodily sameness.

As I outlined above, tuning-in relationships do not depend on bodily sameness but rather on a shared body schema. While not all body schemas can be shared across bodily difference, some can be. Attempting to share a body schema that is rigid rather than flexible, pre-determined rather than emergent, and top-down rather than bi-directionally assumed makes the tuning-in relationship difficult in the absence of bodily sameness. However, if the body schema is flexible, emergent, and bi-directionally assumed, a body schema can be shared across bodily difference and so too its pattern of temporality (Elliott 2022). When we look at Carel's account of why empathy tends to breakdown in the face of bodily difference, it appears to arise from the loss of the shared meanings we once enjoyed with others, and not purely from bodily difference as such: "the shared meanings of terms like 'difficult' and 'fair,' the ability to partake in taken-for-granted social activities like walking to the pub, the spontaneity with which we engage with others, and the ability to reciprocate social gestures are lost or modified in illness" (2015, 179).

It is not just that our bodies are different from their presumed sameness after one of us becomes ill: it is that the shared activities and embodied significances which are thought to depend on that sameness are now in question. However, we can question whether it is bodily sameness upon which those shared meanings depend. Bringing forward the question of shared body schemas at this point allows us to see that it may not be the loss of bodily sameness that threatens the shared activities and meanings, but rather the absence of a shared body schema flexible enough to accommodate bodily difference. Carel argues that this loss can be accounted for by a loss in bodily sameness, however it is not bodily sameness alone that enables such shared activities: shared time through a shared body schema is also required.

As highlighted earlier, Carel regards the empathetic chasm instituted by illness as capable of being overcome, but only with "deliberate and forceful effort" (180). However, if we apply our analysis of the body schema to Carel's example, the shared activities once premised on bodily sameness could still be possible as we-experiences across bodily difference.[11] It may be that instead of a "deliberate and forceful effort," what is called for is a shared body schema flexible enough to accommodate bodily difference. It may be the case that following the onset of an illness, an existing shared schema is no longer suitable, and this may merit grief. But the unsuitability of the former schema may be due to its inflexibility, not due to the new fact of bodily difference.

If we look at the examples given by Carel (2015) to illuminate the interpersonal shifts that occur during illness, we can see how re-framing them through the lens of the body schema re-conceptualizes them as potential we-experiences, and not only as moments of lost empathy. Carel notes four vectors of interpersonal modulation that result from

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[11] Carel may be inadvertently positing a type of body schema that cannot be shared across bodily difference in her account of the shared meanings which are lost in illness. There is not space in the current essay to explore this possibility, however.

illness: the meaning of terms like "difficult" or "far"; "taken-for-granted social activities"; "spontaneity"; and the "reciprocation" of social gestures. If we consider each of these types of change through the lens of the body schema, however, we first ask which form of body schema each example presumes (rigid or flexible). Is it only when we assume a rigid, pre-determined, and uni-directional (top-down) body schema that these examples evoke the chasm of lost empathy that Carel suggests they do? If so, then it is possible that a we-experience would be possible in these cases on the condition that a flexible, emergent, and bi-directional body schema were enlisted instead. For instance, "taken-for-granted" social activities like walking to the pub presume a pre-determined body schema, rather than an emergent one. In virtue of being posited as "taken-for-granted," this shared activity relies on a "pre-determined" body schema insofar as it is not in question what the event will be or how it is carried out. Likewise, the loss of a shared sense of "difficult" or "far" only refers to the inapplicability of a previous body schema to a new situation, not the loss of the chance to create a new shared sense through a shared (emergent) schema.

I do not mean to deny that changing a body schema long taken for granted can be a circumstance that merits grieving. However, the complete loss of shared meanings may not be what must be grieved—perhaps, it is the loss or change of a particular habit shared for a long time. Carel is correct when she emphasizes the personal grief that may ensue at having to change how one inhabits one's own environment (independently of shared meanings). It may be overwhelming and disorienting to develop a "new individual norm–a new way of relating to the environment, or a new way of being," as Carel puts it. And Carel is also correct to highlight the ways in which this new individual norm "interacts with and is affected by social norms and one's social being more generally" (182). Carel particularly highlights that it is the *flexibility and openness* of this new individual norm (or schema) that "will always be affected by its position vis-à-vis social norms" (183). On my reading, Carel is asserting that the possibilities for the ill person to develop a new individual norm are limited by the possibilities offered by societal norms more generally in terms of what is permissible for an individual body schema. And it is certainly true that the prevailing ableist norms present in society influence the possibilities for schematic re-generation on the part of the ill person. The societal norms that shape our subject position and quasi-transcendental structures of experience (such as the body schema) are described here as existing prior to their application to the person experiencing illness (they are pre-determined rather than emergent), unalterable (or inflexible), and top-down rather than bi-directional (the norms constrain the possibilities for the new individual norm). However, if social norms embraced body schemas that were to be flexible, emergent, and bi-directional, they would be able to accommodate the new individual bodily norms, potentially reducing the sense of alienation and exclusion undergone by the person experiencing illness.

## IV. MUSICKING ACROSS DIFFERENCE

It is possible to create new shared experiences with our loved ones after the onset of an illness through the use of body schemas that allow us to share time across bodily difference.

Similar to how shared activities can mistakenly be thought to necessitate bodily sameness, musical practices can often presume a need for bodily sameness as well. For example, the use of traditional scores in community choirs presumes bodily sameness in terms of visual function—traditional scores can pose difficulties for those with dyslexia, for instance. Like in other shared contexts, the norms and conventions that guide the practice of musicking render some folks unable to participate while prioritizing the comfort and inclusion of others. As Blake Howe writes, "conventions of music performance have the power to include and exclude" (2016, 196). As a second demonstration of the usefulness of a Merleau-Pontian account of body-schematic temporality to a theory of shared time and we-experience across difference, I shall turn to experiences of disability within music. Here I highlight how flexible, emergent, and bi-directional body schemas in the context of musicking, to use Howe's words, "have the power to include," whereas rigid, pre-existing, and uni-directionally assumed schemas, on the contrary, "have the power to exclude" (2016, 196).

Musicians and scholars working in the disability space have been vocal about calling out the prevalence of what Joseph Straus terms "the blithe assumption that we all inhabit the same kind of body, a normatively abled body" (2006, 123). As we have seen earlier, the move to cite bodily difference as the reason for exclusion from coevalness is to fetishize difference and ignore the rigid, pre-determined, and uni-directional body schemas that make bodily difference a problem for achieving shared experience. While this picture will become more complex as we go, classical music performance might come to mind readily as a genre of music that is particularly exclusionary in this regard because of the strict demands it places on performers in the interest of maintaining norms that precede the playing and derive from a historical tradition. Howe expands on this notion:

> concert performance is a venue with especially high expectations for exemplary able-bodiedness, typically showcasing a performer's prodigious skills—like those that govern aspects of technique (speed, agility, range, precision) and musical sensitivity (nuance, finesse, emotionality). (2016, 191)

Howe names the body that is called to perform these prodigious musical acts the *normal performance body* (196). The normal performance body, however, is only "normal" relative to the high-level of skill demanded in these high-pressure performance contexts: they are in many ways exceptional. Therefore, even bodies that may seem "normal" in other contexts may find themselves with what Howe calls *performance impairments* when it comes to high-level stage performance.

However, others may find that, in the context of high-level music performance, their "disabilities" become exceptional abilities. Canadian pianist Glenn Gould is often referenced as a performer whose neurodiversity contributed to his musical virtuosity, for example (Straus 2017, 137). Scholar and pianist Stefan S. Honisch, similarly, has explained how studying and performing at a high level in the genre of Western art music has engendered specific feelings of exceptional bodily capacity, which "(momentarily) disrupt the perceptions certain publics may have of my physical difference" (2009, 2). Honisch

challenges the presumption of bodily sameness in classical music training while affirming "existing (and highly necessary!) standards of excellence" in the field (Honisch 2009, 4). He writes: "the standard literature on piano technique does not, for the most part, substantially address bodily variation as a factor in the development of technical and mechanical fluency at the keyboard" (2). Adopting what he calls the "affirmative model" of disability whereby bodily difference is embraced as a valid and enriching aspect of human variation, Honisch rejects approaches to music that embrace "the simplistic equation of normative standards of able-bodiedness with artistic and technical excellence in piano playing." Honisch argues instead that physical difference can contribute to "testing boundaries and challenging entrenched conventions," enriching both the musical tradition and individual experience (4). Honisch therefore demonstrates that it is not the genre itself that excludes or includes so much as it is the ability for such genres to abandon their assumption of bodily sameness and affirm variation as a resource for enriching experiences for performers and audience alike.

Discussing a series of concerts featuring artists of different abilities called *Stretched Boundaries* (curated by Pauline Oliveros), Sherrie Tucker et al. asks:

> What if experimental musical communities committed to explorations of difference in realms such as harmonics, time, timbre, and form, were equally avid about the differential variables in musicians' and audience members' modes of sensory and perceptual relationships to sound waves, as well as differences in mobility, range of motion, ratios of voluntary/involuntary mobility, multiple modes of cognitive processing and language? (2016, 183)

If we embraced bodily and perceptual difference as a source of musical experimentation rather than assuming bodily sameness and demanding compliance with pre-existing rigid norms, we might observe a sort of real-time interpersonal rehearsal space fostering what is often referred to in the academic improvisation community as *social virtuosity*—a workshop for developing the sensitivity and responsiveness it takes to co-generate emergent, flexible, bi-directional body schemas.[12] For genres seeking to experiment with aesthetic norms, there is arguably more capacity for emergent, bi-directional, and flexible body schemas to take priority. But as we have seen with those working in the tradition of classical or Western art music who are insisting on a space for disability within that tradition, bodily sameness is also not required for traditional styles such as Western art music, so long as a flexible approach vis-à-vis the creation of new body schemas is adopted.

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[12] The notion of social virtuosity is attributed to Maggie Nicols in the preface to a published interview with her by Chris Tonelli (2015, 1).

## V. CONCLUSION

One way that we connect with others in we-experience comes through sharing time. However, questions have been raised as to whether time can be shared between normates and misfits, or in other words, it has not been obvious that sharing time across bodily difference is possible. This difficulty sharing time across abilities has sometimes been articulated as an incommensurability on the level of speed. Crip temporality has been put forward as a concept to describe a slower time outside of the accelerating pace of capitalism, an intersubjective disabled temporality that operates in an inclusive way. The difficulty of sharing time between normates and misfits has also been articulated as a problem of bodily difference: it can be assumed that bodily sameness is required for tuning-in relationships and shared experience.

However, when we re-articulate the problem using Merleau-Ponty's concept of the body schema and its endemic temporality, a solution presents itself. This paper maintains that sharing a body schema is a way we can share time–or in Fabian's (2014) terminology, enter coevalness. So long as body schemas are emergent, bi-directional, and flexible rather than pre-determined, imposed, and rigid, sharing time through sharing a body schema offers a viable framework through which to conceptualize we-experiences across difference, achieved through shared time.

On the view developed here, the inability to share time due to incommensurability on the level of speed could be re-cast as a lack of care in the very process of assuming a body schema. When speed is exclusionary, insufficient allowance for the "onboarding" required to assume a body schema may be at issue. In other words, speed offers little provision for the time it takes to interactively "agree" on a schema and to assume it while shaping it. When we are forced to keep up with an imposed pace, we have no room to figure out our own way of enacting a pre-determined schema and this leads to exclusion. If we want to share time with misfits and normates as so many of us do, we must make room for the phase of sharing time that precedes the sharing of it, so to speak—we must allow for there to be room to co-create a schema inhabitable by all present.

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